

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002081

FILED
Mar 17, 2004
Secretary of State

Entity Name: VIGOR MANAGEMENT LC

Current Principal Place of Business:

1201 BRICKELL AVE.
SUITE 220
MIAMI, FL 331313207

New Principal Place of Business:

Current Mailing Address:

1201 BRICKELL AVE.
SUITE 220
MIAMI, FL 331313207

New Mailing Address:

FEI Number: 02-0544892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEOFFREY M. WAYNE, P.A.
1201 BRICKELL AVE.
SUITE 220
MIAMI, FL 331313207

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: GONZALEZ, NESTOR
Address: 1201 BRICKELL AVE STE 210
City-St-Zip: MIAMI, FL 331313207

Title: MGR () Delete
Name: GONZALEZ, ALEJANDRO
Address: 1201 BRICKELL AVE STE 210
City-St-Zip: MIAMI, FL 3207

Title: MGR () Delete
Name: GONZALEZ, JUAN C
Address: 1201 BRICKELL AVE STE 210
City-St-Zip: MIAMI, FL 331313207

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GONZALEZ, NESTOR
Address: 1201 BRICKELL AVE STE 210
City-St-Zip: MIAMI, FL 331313207

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NESTOR GONZALEZ

MGR

03/17/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date